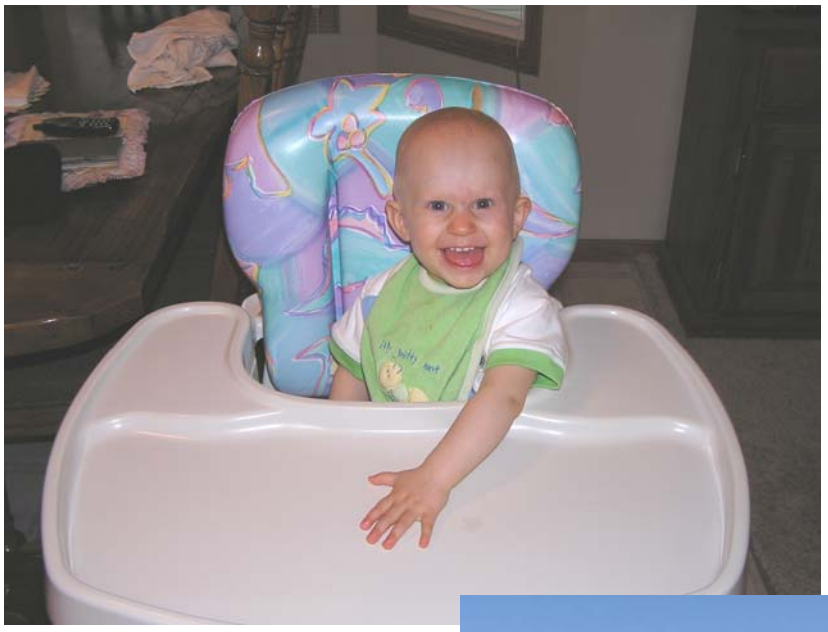
Report on Unintentional Fall Related Injuries



Nebraska
SAFE KIDS

2001 Data

Nebraska Fall Injury Report for Children Under 15
2001

Richard Raymond, M.D., Chief Medical Officer
Nebraska Health and Human Services System

Romeo Guerra, Deputy Director
Health Services

Dan Cillessen, Administrator
Office of Disease Prevention and Health Promotion

Report prepared by:

Jeanne Bietz, MA, SAFE KIDS Program Coordinator

Ming Qu, Injury Epidemiologist

Prabhakar Dhungana, Data Analyst

July, 2004

Table of Contents

Executive Summary

Falls are the leading cause of hospitalization for Nebraska's children under 15. A total of 11,902 hospital discharge records or 30% of the total (39,848) were recorded as a fall injury. According to the National Center for Injury Prevention and Control, 34.5% of all injuries nationally are due to falls.

Each age group has certain fall related characteristics such as place of occurrence and type of fall. Infants are at a greater risk from falls associated with furniture, stairs and baby walkers.[1] Children ages 1 to 4 suffer from fall related injuries that tend to occur in the home and at playgrounds. Their most common type of fall from one level to another is from furniture in the home and playground equipment. Children ages 5 to 9 are most injured from playground equipment when falling from one level to another. Children ages 10 to 14 are typically at school or at home when a fall injury occurs.[1] They experience a majority of fall injuries from sports related activities and playground equipment. The age group 1 to 4 had the highest rate of fall related injuries compared to the other age groups. Males had the highest injury rate compared to females. Also, as children got older, they were more likely to suffer fall-related injuries due to recreation such as playing sports or on a playground. Overall, the most common place of occurrence for a fall-related injury was in the home. Fractures were the most common type of injury and the head, face and neck were the most effected body parts.

There are many proven preventative measures that can be taken to reduce hospitalizations due to falls. These measures include proper supervision of children in the home, adequate surfacing under playground equipment and the use of safety equipment such as a helmet when riding a bike, roller blading or skate boarding.

Acknowledgement

We acknowledge Mark Miller, Health Data Manager, who provided the death certificate data, and Lei Zhang, Health Data Coordinator, Data Management Section of Nebraska Health and Human Services System (NHHSS), who furnished the Trauma Registry data. Reviewers for this report were Peg Prusa-Ogea, MA, Injury Prevention Program; Debora Barnes-Josiah, PhD, Coordinator, Child Death Review Team; Tina Kruthoff, MCH Epidemiology Surveillance Coordinator, SSDI Director; Jackie Miller, DDS, Administrator of Health Surveillance Section; and Dan Cillessen, Administrator, Office of Disease Prevention and Health Promotion.

A special thanks to Arturo Coto, M.P.H, Disease Surveillance Coordinator, Office of Epidemiology who reviewed and edited the report.

Funding provided by the Office of Family Health, Nebraska Health and Human Services System. Grant award from Health Resources and Services Administration (HRSA) number H18MC00031-10-01 for Developing and Maintaining Nebraska's MCH Data Capacity, State Systems Development Initiative (SSDI).

Introduction

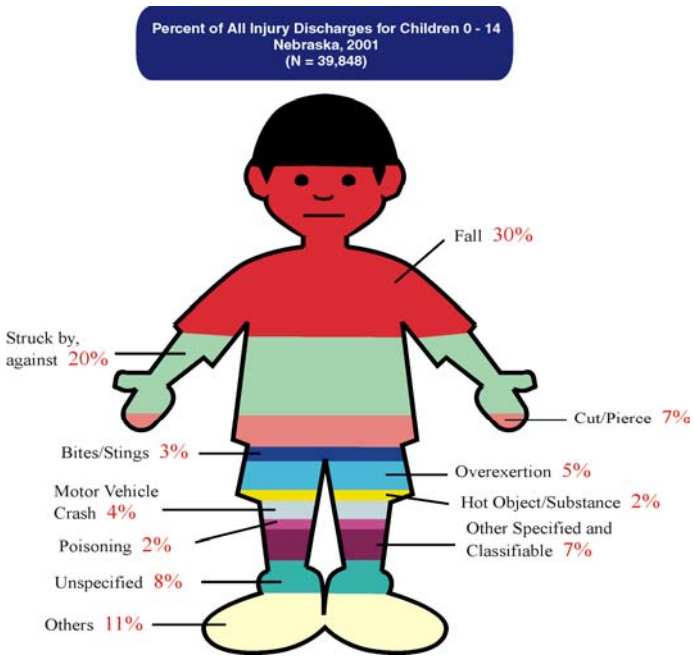
Unintentional injuries are the leading cause of death and hospital discharges for children under 15 in the United States. One out of every four children under 15 sustains injuries that are serious enough to require medical attention each year.[2]

This scenario holds true for Nebraska's children. The leading causes of death and hospital discharges for children are unintentional injuries such as falls, motor vehicle crashes and burns. In 2001, there were 39,848 hospital discharge records of children 14 years of age and under who went to Nebraska acute care hospitals to receive treatment for an injury. Twenty-three Nebraska children died as a result of all unintentional injuries.

Most of those injuries were preventable. Precautions include close supervision, using a child restraint device properly, having adequate ground covering under playground equipment and installing stair guards. These can help to ensure that children are safe.

This report focuses on falls, the leading cause of hospitalization of Nebraska resident children under 15 in 2001. Of the 39,848 hospital discharge records Nebraska resident children, 11,902 or approximately 30%, were because of falls.

According to the National Center of Injury Prevention and Control/Center for Disease Prevention and Control, 2,501,920 children visited the emergency room for a fall-related injury in 2001. This totaled 35% of all injuries for children ages 0 to 14.8



Method

This report utilized data from Nebraska hospital discharge records, trauma registry and death certificates to study fall related injuries among Nebraska children 14 and under.

Hospital discharge records contain information provided by Nebraska acute care hospitals to the Nebraska Hospital Association (NHA). For this report, a fall related injury record is defined as the record of a Nebraska resident who was treated in one of Nebraska acute care hospitals due to injuries caused by falls. An external cause of injury code (E880-E886, or E888) was present in the designated E-code field of the UB-99 form. Injury codes are used to describe the type of injury, such as a broken arm. Both injuries and their external cause are classified according to the 9th Revision of the International Classification of Diseases, Clinical Modification (ICD-9-CM). Discharge records in the E-code database are identified as inpatient, outpatient-ER and outpatient records non-ER (See Appendix A). Outpatient-ER accounted for 85% of all visits made to the hospital for fall related injuries for children under 15.

Data are analyzed to study the frequency distribution by patients' age and gender, type of falls and type of injuries caused by fall, length of hospital stay for inpatients. Age specific rates reported in this report are crude rates per 100,000 population based on estimated 2001 Nebraska population. The average hospital charges for fall related injury is calculated using trauma registry data from 1996 through 2002.

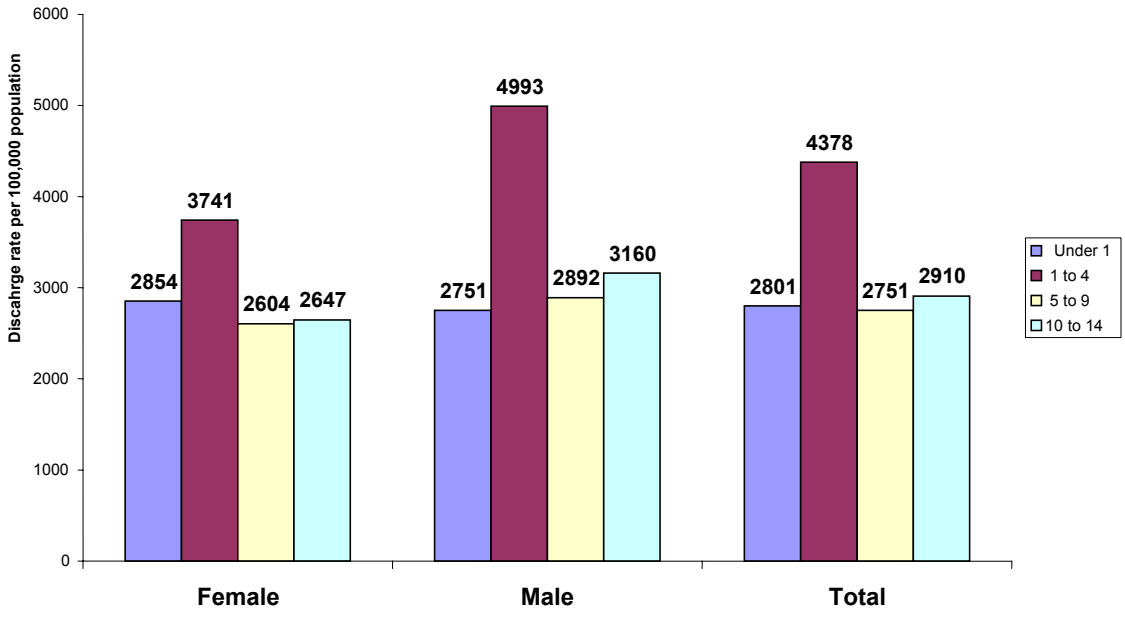
Death certificate data for 1996-2001 obtained from the Nebraska Health and Human Services System (NHHSS) Vital Statistics Section are used to quantify fall related deaths of children aged 14 and under.

A fall related death is defined as a Nebraska resident who died between 1996 to 2001, with fall listed as a underlying cause of death (ICD-10 =W00 through W19).

Results
Falls: Age Group and Type

In Nebraska in 2001, a total of 11,902 hospital discharge records for children under 15 were recorded as a fall injury. The fall injury discharge rates varied by age and gender. Overall, males had higher injury rate than females for all age groups but under 1. The 1-4 age group had the highest rate at 4,378 per 100,000 population (Chart 1).

Chart 1 Fall Injury Discharge Rates for Children Under 15, by Gender and by Age, Nebraska, 2001 (n=11,902)

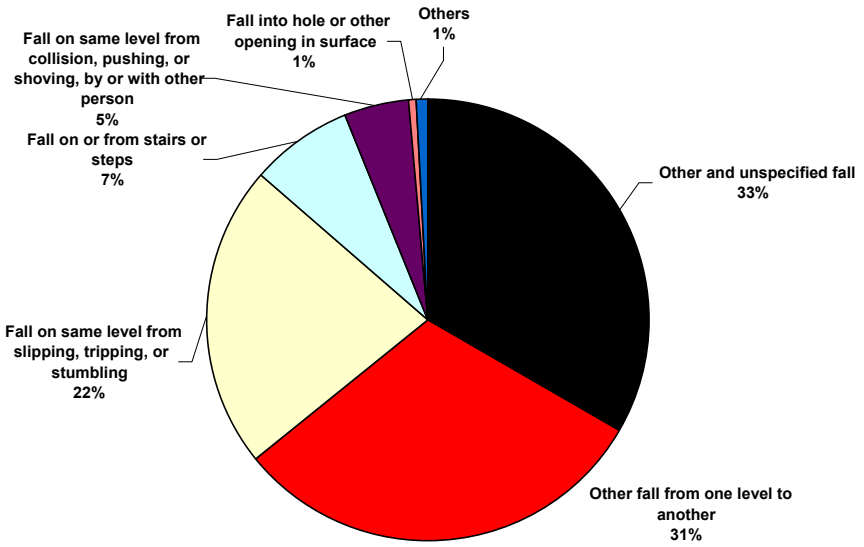


Source: Nebraska E-Code Data, 2001

Nationally in 2001, more than 2.5 million children ages 14 and under were treated in hospital emergency rooms for fall-related injuries. Children ages 5 and under accounted for nearly half of these injuries.[1]

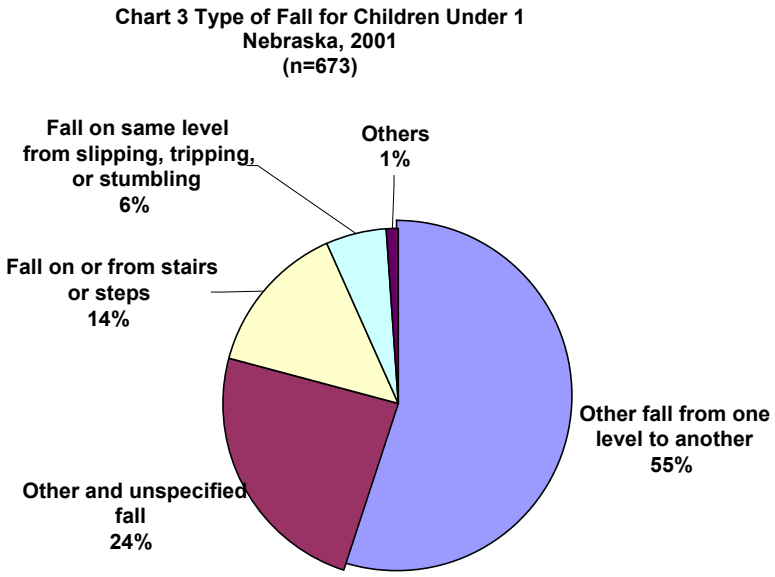
The leading types of falls were “other and unspecified fall” (33%), “other fall from one level to another” (31%), and “fall on same level from slipping, tripping or stumbling” (22%) (Chart 2). “Other fall from one level to another” includes fall from a bed, chair, cliff, toilet, furniture, playground equipment, wheelchair, and embankment, haystack, stationary vehicle or tree.

Chart 2 Fall Type for Children Under 15 Hospital Discharges Due to Fall Injuries, Nebraska, 2001 (n=11,902)



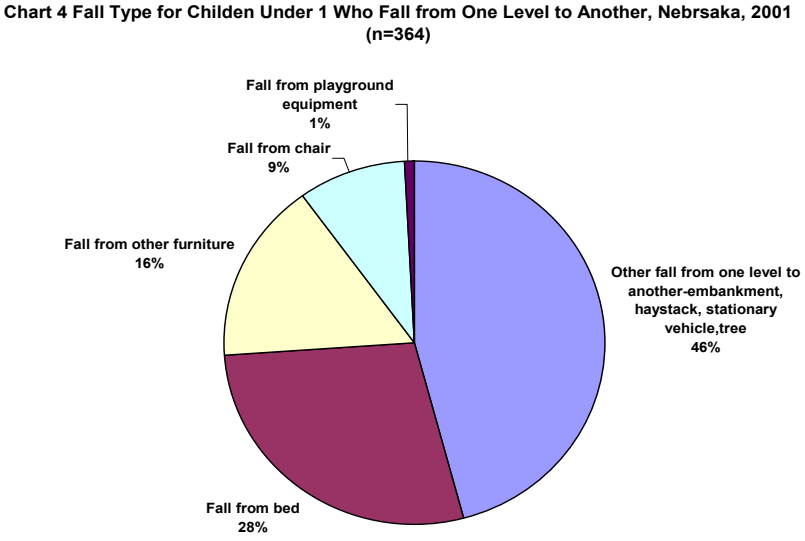
Source: Nebraska E-Code Data, 2001

There were 673 fall injury discharges of children under age 1. The leading type of fall for this age group was “other fall from one level to another”, accounting for 55% of the total followed by “other and unspecified” (24%), and “fall on or from stairs or steps” (14%). “Other and unspecified” accounted for 164 discharges or 24% of all types of falls injury (Chart 3). No more details were provided for this E-code (E-888).



Source: Nebraska E-Code Data, 2001

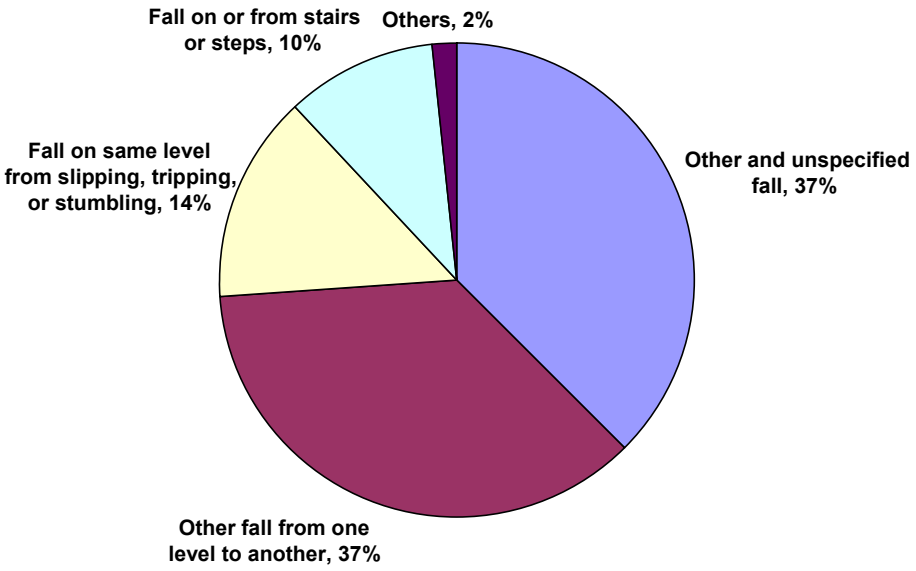
Of the 364 cases of "other fall from one level to another", the leading descriptor coded was fall from an embankment, haystack, stationary vehicle or tree at 46%. This was followed by fall from a bed at 28% or other furniture at 16%.



Source: Nebraska E-Code Data, 2001

Children ages 1 to 4 have the highest number of hospital discharges due to falls as compared to the other age groups. In 2001, a total of 4,097 hospital discharges showed that children ages 1 to 4 were treated in Nebraska hospitals due to a fall injury. This age group had two similar leading types of falls; "other and unspecified" at 1,534 or 37.5% and "other fall from one level to another" at 1,496 or 36.5%. These accounted for 74% of all types of injury falls for children ages 1 to 4 (Chart 5).

Chart 5 Fall Type for Children 1-4, Nebraska, 2001
n=4,097

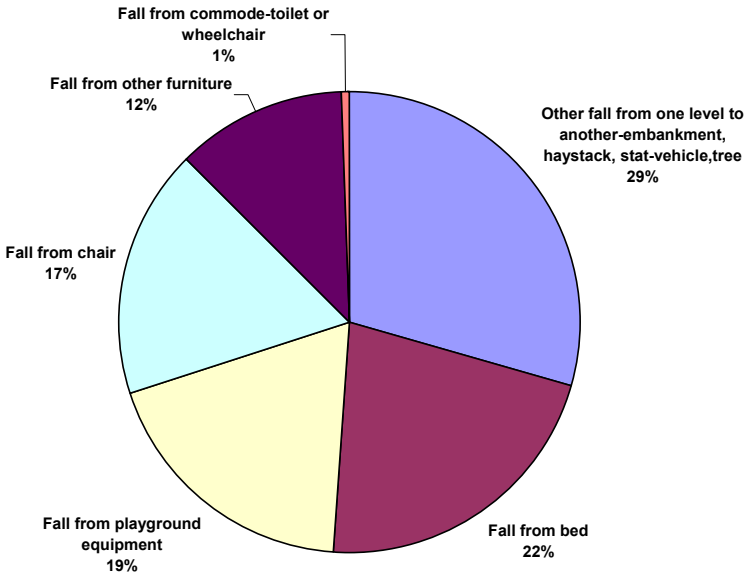


Source: Nebraska E-Code Data, 2001

This age group also experienced falls on same level from slipping, tripping, or stumbling with 582 (14.2%) hospital discharges, and falls on or from stairs or steps with 421 (10.3%) hospital discharges.

The category of "other and unspecified" provides no more detail. However, "other fall from one level to another" had several descriptors. The most common descriptor was fall from embankment, haystack, stationary vehicle or tree (29%). This was followed by fall from bed (22%) and fall from playground equipment (19%). Others include fall from chair (17%) and fall from other furniture (12%, Chart 6).

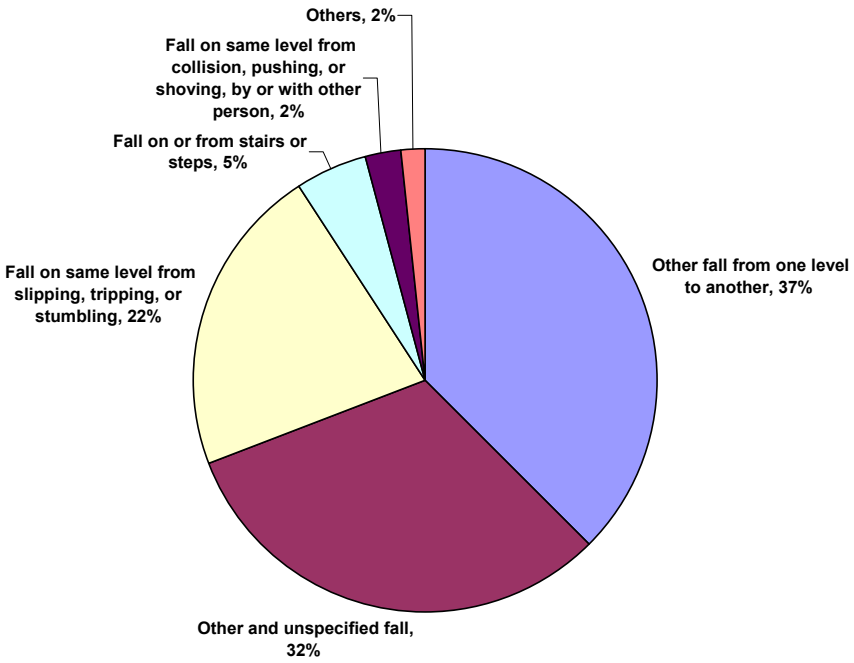
Chart 6 Type of Fall From One Level to Another for Children Ages 1-4, Nebraska, 2001 (n=1,496)



Source: Nebraska E-Code Data, 2001

The age group of 5 to 9 experienced similar types of falls as the 1 to 4 age group. Of these 3,396 hospital discharges, the leading types of falls were "other fall from one level to another" (37%) and "other and unspecified" (32%). These accounted for 69% of all types of falls for ages 5 to 9. Additional hospital discharges included "fall on same level from slipping, tripping or stumbling" (22%) and "fall on or from stairs or steps" (5%, Chart 7).

Chart 7 Type of Fall Injury for Children 5-9, Nebraska, 2001
n=3,396

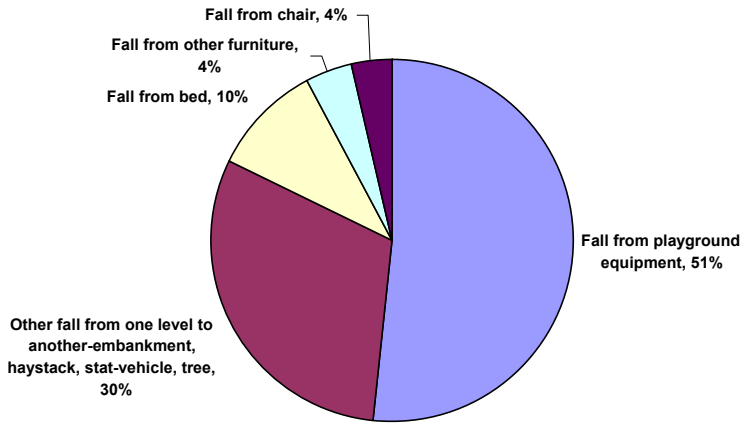


Source: Nebraska E-Code Data, 2001

The leading descriptor for falls "from one level to another" was fall from playground equipment (51%). This was followed by falls from embankment,

haystack, stationary vehicle or tree (30%) and falls from bed (10%). Fall from chair combined with those from other furniture accounted for 8% (Chart 8).

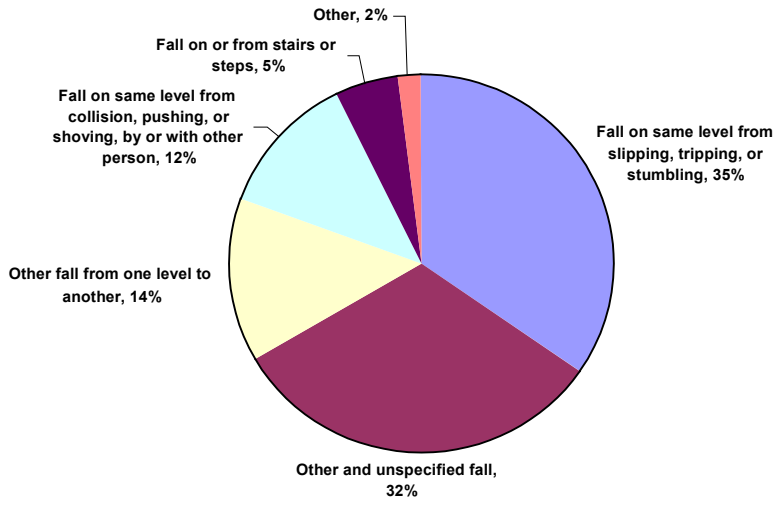
Chart 8 Type of Fall from One Level to Another for Children Age 5-9, Nebraska 2001
(n=1,270)



Source: Nebraska E-Code Data, 2001

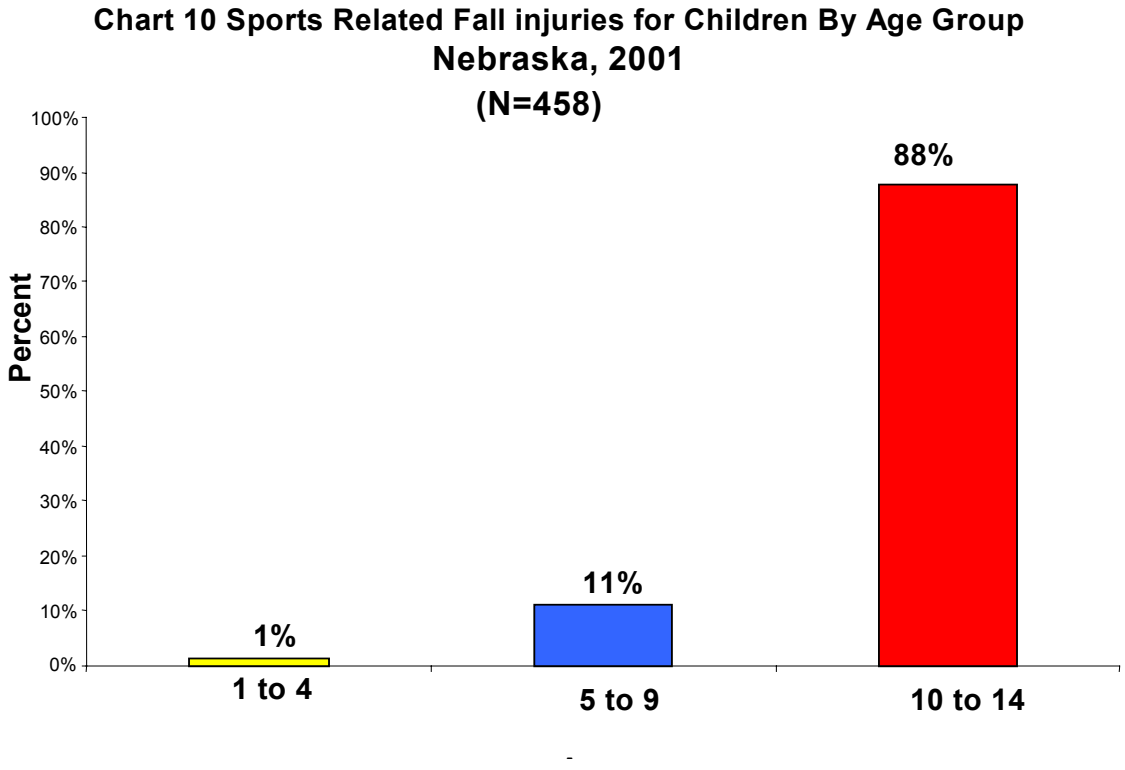
The age group 10 to 14 experienced the majority of injuries from falls (3,752) on "same level from slipping, tripping or stumbling" (35%) and "unspecified"(32%). These were followed by fall from one level to another (14%) and fall on same level from collision, pushing or shoving (12%, Chart 9).

Chart 9 Type of Fall Injury for Children 10-14, Nebraska, 2001 (n=3,752)



Further examining of same level falls, (1,266 discharges) showed that falls from slipping, tripping, or stumbling accounted for nearly 60%, followed by falls from roller skates and in-line skates (18%), and fall from skate board(18%).

Sports-related fall injuries increased as age increased. Of the 458 hospital records of children who were injured from falls "on same level from collision, pushing, or shoving by or with other person during sports", the age group 10-14 accounted for the vast majority (88%, Chart 10).



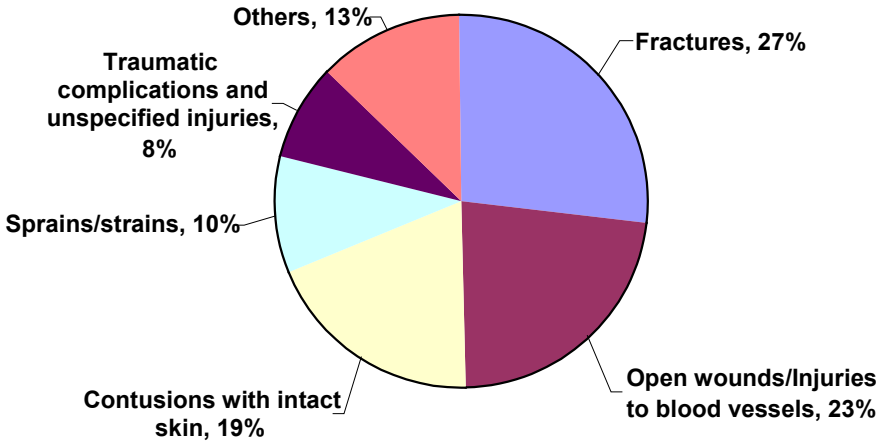
Source: Nebraska E-Code Data, 2001

Falls: Patient and Injury Type

Fractures were the leading injury caused by falls (Chart 11). A total of 3,330 (27%) children under 15 were treated for fractures due to falls. Of those, 2,594

were ER-outpatient, 662 non-ER and 74 were inpatient. Open wounds/bruises (2,802), contusions with intact skin (2,317) and sprains/strains (1,254) followed fractures in injury number.

Chart 11 Percent of Discharges for Children Under 15, by Type of Injury
Nebraska, 2001
(n=11,902)



Source: Nebraska E-Code Data, 2001

The leading type of injury for children under age one was contusions with intact skin with a total of 266. For the age group 1 to 4, open wounds/injuries to blood vessels were the leading type of injury at 1,612. Children ages 5 to 9 and 10 to 14 had the same leading nature of injury - fractures. Ages 5 to 9 had a total of 1,289 and ages 10 to 14 had a total of 1,208 (Table 1).

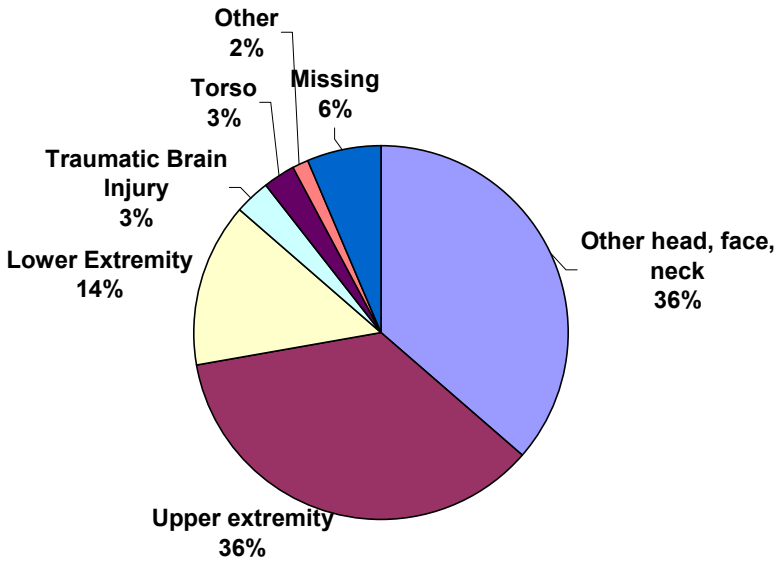
Table 1. Top Ten Types of Injury for Children (<15) Cause by Falls, Nebraska, 2001

Rank	Type of Injury	Under 1	1 to 4	5 to 9	10 to 14	Total
1	Fracture	57	743	1,238	1,154	3,192
2	Open wounds/Injuries to blood	87	1,550	723	337	2,697
3	Contusions with intact	259	820	536	647	2,262
4	Sprains/Strain	3	124	291	808	1,226
5	Traumatic complications unspecified	104	328	245	312	989
6	Superficial	35	149	83	49	316
7	Intracranial	19	88	83	96	286
8	Dislocation	3	82	16	44	145
9	Internal injuries of chest, abdomen, pelvis	0	3	6	7	16
10	Injury to nervs/spinal	0	3	2	4	9

Source: Nebraska E-Code Data, 2001

The most common parts of the body injured were the head, face, neck and upper extremities, accounting for 72% of affected body parts. Head, neck and face had a total of 4,467 injury records and upper extremities had 4,439. These parts of the body were followed by lower extremities at 1,737 (14%), brain at 366 (3%), torso at 328 (2.7%) and vertebral column at 118 (1%, Chart 12). 781 (6%) records were missing information on affected body part.

Chart 12 Body Part Injured for Children 14 and Under with a Fall Injury
Nebraska, 2001

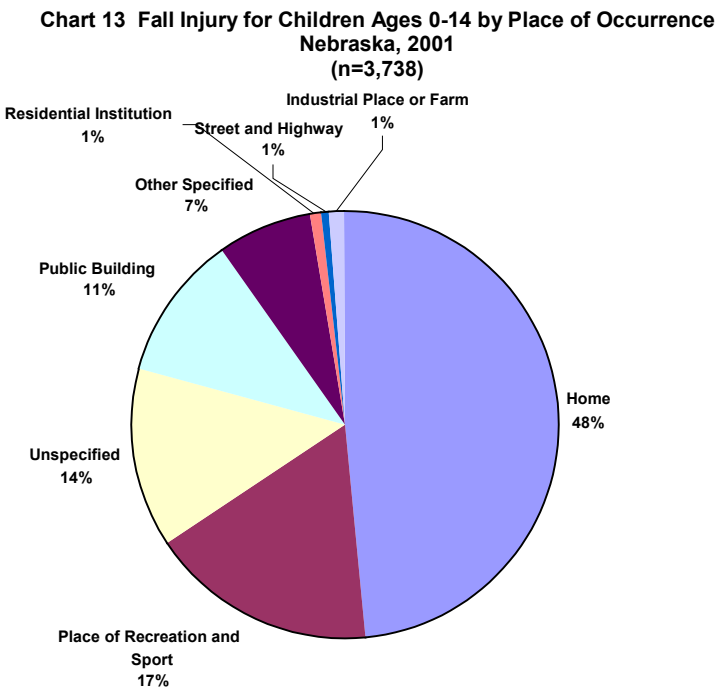


Source: Nebraska E-Code Data, 2001

Falls: Place of Occurrence

When properly coded, injury data can provide information about the day, month and place where an injury occurred. In 2001, 2,025 records or 17% were missing the day of the week in which the injury occurred. Overall there were no significant differences between the days or months in which a fall injury occurred.

The place of occurrence provides detail as to where the fall injury occurred. However, of the 11,902 hospital discharges, nearly 70% were not coded for place of occurrence. Of the 3,738 discharge records that did record place of occurrence, 49% were at home, 17% were at a place of recreation, 14% unspecified, 11% public building and 7% other specified (Chart 13).



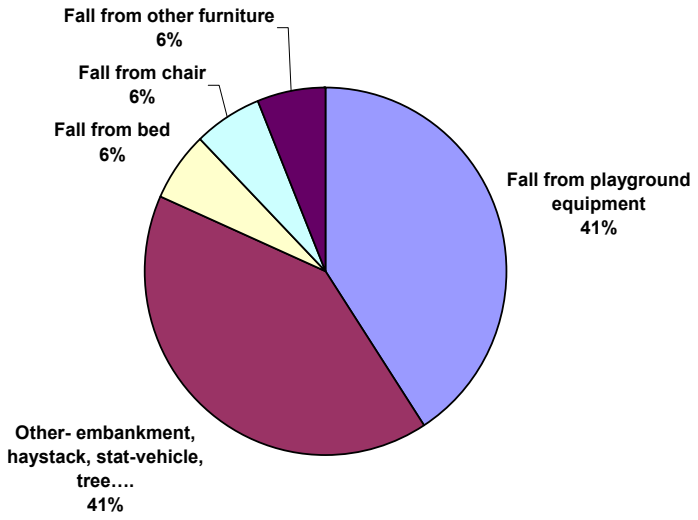
Source: Nebraska E-Code Data, 2001

Falls: Inpatient and Death

There was a total of 127 inpatient hospital discharges for children age 0 to 14 in 2001(Appendix A). The leading causes of inpatient stay were “other fall from one level to another” (38.5%), followed by “fall on same level from slipping, tripping or stumbling” (24.4%). Of those 49 patients whose cause were “other fall from one level to another”, 20 (40.8%) were fall from playground equipment and

another 20 cases were falling from ‘others’ that includes embankment, haystack, stationary vehicle, tree, etc. (Chart 14).

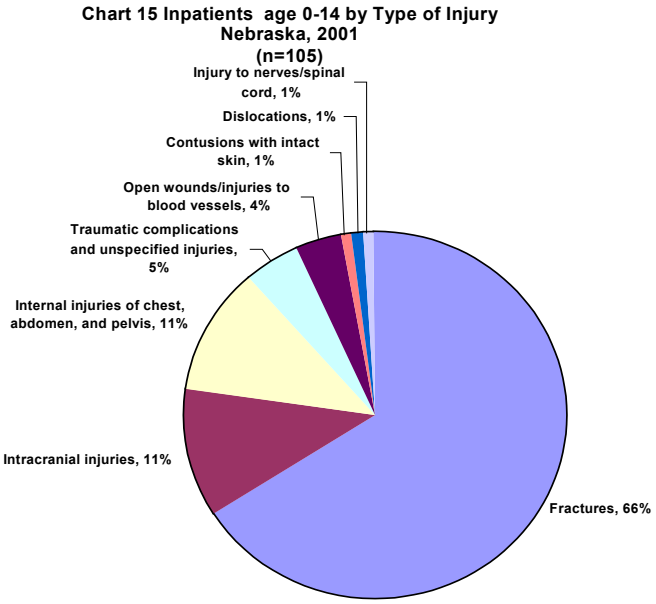
Chart 14 Type of Fall for Inpatients who Injured due to Fall from 'One Level to Another' Nebraska, 2001
(n=49)



Source: Nebraska E-Code Data, 2001

The average length of stay for inpatients was 3.7 days. Of those hospitalized children whose nature of injury was known (105), the most common type of injury was fractures (66%, Chart 15).

According to the Nebraska Trauma Registry (1996-2002), the average hospital charge for patients admitted to a trauma center because of a fall was $6,550. Nationally, the total amount of fall-related deaths and injuries among children under 15 is more than $94.9 billion.[4]



Source: Nebraska E-Code Data, 2001

From 1999 to 2001, one child died due to a fall. The death was coded as "unspecified fall" for the underlying cause of death.

Discussion

The severity of a fall is determined by height and speed as well as the landing surface.[1] When children fall off of equipment on a playground or a changing table, the severity of the injury will be determined by how high they are from the ground and where they land. Precautions can be taken such as appropriate surfacing under playground equipment, supervision of children in the home and adequate sports equipment to prevent or lessen a fall injury. These preventative measures determine how severe a fall injury will be and what treatment is needed-whether at home or in a health care setting.

According to a report produced by the Consumer Product Safety Commission (2001), more playground-related deaths occurred on home playgrounds than public playgrounds from August 1999 to 2000. The deaths occurring in home locations resulted from hangings on ropes, cords, homemade rope swings and other similar items.[6] Over 80 percent of the injuries on home equipment were associated with falls.[6] This was due to children jumping off of equipment, being pushed, reaching for equipment and improper protective surfacing.

As the number of children actively participating in organized sports increases, so do the number of injuries. Children are more susceptible to sports-related injuries because they are still growing and gaining motor and cognitive skills. [8] Older children are more likely to suffer from bicycle and sports-related injuries and overexertion than younger children.[8] Organized sports are a way to get children physically active and to learn social skills but safety must be part of the program.

Injuries due to falls are preventable. Many steps from appropriate supervision to use of a bike helmet can prevent these unintentional injuries. Through education, training and distribution of safety devices, a community can take steps to keep kids safe.

Action Steps

Data

Many of the fall hospital records (4,101) are coded as “other and unspecified” thus lacking information as to the type of fall. The E-code fall from an embankment, haystack, stationary vehicle or tree contains many categories with no indication to the specific type of fall. More specific E-coding of this injury category is needed in order to target more specific prevention activities. There needs to be further research to determine why “unspecified” is chosen as a code for a fall.

Media Campaign

The development of a media campaign can bring awareness to the public about the probability of children being injured and/or hospitalized because of falls. It can also empower those that care for children on how they can help decrease these very preventable injuries. Messages can include topics of supervision, playground safety, sports safety and the use of baby walkers. These messages can be relayed through press releases, radio public service announcements and interviews.

Home Safety Education

Home safety education needs to focus primarily on three areas in order to prevent injuries. They are supervision, baby walkers and window injuries. Supervision of children in the home is important. Children should never be left alone on a changing table, bed or other furniture. When a child is placed on a changing table or in a high chair, straps should be used to prevent the child from rolling off the table and from standing up or slipping out of the highchair. When using a stroller, the same precautions must be taken. In general, young children need to be supervised at all time due to their mobility and curiosity.

The American Academy of Pediatrics (AAP) has taken the position that baby walkers are dangerous.[3] Baby walkers pose a danger to children because they can roll down stairs causing broken bones and head injuries. Baby walkers allow children to reach for things normally out of reach such as lighters, hot objects and poisons, and children's fingers and toes can be pinched by getting them caught between the walker and furniture. AAP recommends that parents use stationary play stations that allow a child to play and stand without being mobile. Also, safety gates should be placed at the top and bottom of stairs. This will help prevent mobile children from falling down the stairs and being injured.

Parents and caregivers need to be reminded of window fall-related injuries. Children living in apartment buildings have the highest number of window fall incidences – five times more than children living in residences.[1] Window screens do not prevent children from falling from a window. Window guards should be used for those windows to which children have easy access.

Outdoor Safety Education/Awareness

Playgrounds

The National Program for Playground Safety has developed guidelines to reduce injuries on the playground. Parents and caregivers can quickly use the following four points to assess how safe a play area is for children, whether it is a public or home playground. These four points are S-A-F-E: **S**upervision, **A**ge-appropriate equipment, **F**alls to surface, and **E**quipment maintenance.

Supervision means being alert and attentive, evaluating any hazards such as glass or protruding parts and observing posted signs on safe playground behavior and rules. Adult supervision needs to be in close proximity to the place where the child is playing. Many injuries can be prevented with proper supervision.

Age-appropriate equipment means that children should play on equipment in areas designed for their age and development. **A**ge-appropriate equipment is broken down for ages 2 to 5 and 5 to 12. For ages 2 to 5, playground equipment needs to be developmental and size appropriate. For example, tot swings are recommended as they provide support to a child on all sides.[7] Platforms are acceptable for children ages 2 to 5 as long as they don't exceed 20 inches in height and have a guardrail as children in this age range are still developing their coordination and balance.[7] Children ages 5 to 12 can safely play on swings and climbing objects as their balance and strength is more developed.

Falls to surface means that appropriate ground surface covering with adequate depth be provided to absorb the shock of a fall. **F**alls to surface are the leading cause of injuries on playgrounds.[4] The surface underneath playground equipment should be covered with various loose-fill materials such as pea gravel, wood fiber or synthetic materials to help reduce or prevent injuries. The National Program for Playground Safety recommends that, in general, 12 inches of loose-fill material be used. Covering such as dirt, gravel, cement and grass are not recommended.

Equipment should be maintained on a regular basis by checking for broken equipment, loose-fill material height, wear of the equipment and trash such as broken glass. Broken equipment should be fixed or removed.

Bicycling

Brain injuries are among the most likely types of injury to cause death or permanent disability. It is important for children to wear a helmet and other appropriate safety gear at all times when riding a bike, skate board, in-line skates or scooter (knee pads, wrist guards) to prevent head and facial injuries. Bicycle helmets have been shown to reduce the risk of head injury by as much as 85 percent and the risk of brain injury by as much as 88 percent.[5] Helmets should be used correctly and worn on every ride. One study found that children whose helmets fit poorly are at twice the risk of head injury compared with children with proper helmet fit.[5] Children also need to be taught safe bicycling skills and know the rules of the road.

These include obeying traffic laws such as stopping at all stop signs, looking both ways before entering the street and crossing at designated crosswalks. Parents can set a good example for their children by wearing a helmet and other proper protective equipment as well.

Bike helmet distribution and bike safety skills education programs are a way to reach children, parents and caregivers. This can be accomplished through health fairs and working with local civic groups that may already conduct bike safety rodeos and other events. Partnering with schools and childcare centers is another a way to reach children.

Materials

Distribute materials that explain the different ways children can be injured due to a fall. These materials provide information about the different age groups and their fall related injuries. Distribution can be accomplished through childcare center mailing lists, Head Starts and SAFE KIDS Chapters and Coalitions.

Partner with Retail Stores

Children's safety products and stationary play stations can often be offered at a discount by partnering with local retail stores. Some retail stores have days or weeks dedicated to babies and children and promote the products they need. Some communities have implemented recall roundup programs where parents

and caregivers can bring in old, recalled and unsafe products they use around the house and "trade" (provide discount or monetary incentive) them in for safer products such as a walker for a stationary play station or recalled playpen for a non-recalled playpen.

Coordinate Projects through Child Care Centers and Head Start Programs

Child care centers and Head Start programs provide services to children under 5, an important group. These entities have a "captive audience" that could be reached with educational programs for the children, families and facilities themselves. Distribution of materials and educational sessions could also be conducted through these programs.

Sports Safety

Parents and coaches can be educated through sports clinics on how to prevent injuries and overexertion. Dentists, sports medicine physicians, pediatricians and experienced/trained coaches can conduct the clinics. Education and training can include use of appropriate safety equipment, hydration, warming up, first aid, development of safety rules, age-appropriate activities and safe playing environments.

SAFE KIDS Coalitions and Chapters

Jeanne Bietz, MA
Nebraska SAFE KIDS Coordinator
Nebraska Department of Health and Human Services
Division of Health Promotion and Education
301 Centennial Mall South
Lincoln, NE 68509
402-471-8749 or 1-800-745-8311
E-mail: jeanne.bietz@hhss.state.ne.us
Web site: www.hhs.state.ne.us/hpe/safekids.htm

Ann King, RNC
Tri-Cities SAFE KIDS Coordinator (Grand Island, Hastings, Kearney)
Saint Francis Medical Center
2620 Faidley Ave.
Grand Island, NE 68803
308-398-6584 E-mail: safekids@sfmc-gi.org

Hastings Project Coordinator
Carol Hamik, RNC
Mary Lanning Memorial Hospital

402-461-5810
mh35727@alltel.net

Kearney Project Coordinator
Karen Triplett
Good Samaritan Health Services
308-865-2011
karentriplett@catholichealth.net

Brian Baker
Lincoln-Lancaster SAFE KIDS Coordinator
Lincoln-Lancaster County Health Department
3140 N Street
Lincoln, NE 68510
402-441-8046 Email: bbaker@ci.lincoln.ne.us

Kate Kunz , LPN-C
Chapter Liaison
SAFE KIDS of North Central Nebraska
Chapter representing Rock, Boyd & Holt Counties
Avera St. Anthony's Hospital
223 E. Adams
O'Neill, NE 68763
402-336-2611 Email: kate.kunz@avera-sta.org

Annette Alt and Gwen Sander
Chapter Liaisons
SAFE KIDS of Prairie Valley
Chapter representing Platte, Colfax, Nance, Polk, Butler, Boone Counties
Columbus Community Hospital
P.O. Box 1800, 4600 38th Street
Columbus, NE 68601
402-562-3380 Email: amalt@columbushosp.org

Verlene Watson, RN
Leigh Ann Webber, Head Start
Chapter Liaison
SAFE KIDS of South Central Nebraska
Chapter representing Nuckolls, Webster, Clay, Thayer Counties
Brodstone Memorial Hospital- Good Beginnings
520 East 10th
Superior, NE 68978
402-879-3281 Email: verlenew@email.com

Michelle Weimer
Chapter Liaison
SAFE KIDS of Western Nebraska
Chapter representing Scotts Bluff County

1730 12th St.
Gering, NE 69341
308-436-8040 Email: mdweimer@prairieweb.com

Traci Clouse
Chapter Liaison
SAFE KIDS of Seward County
Seward Memorial Hospital
300 N. Columbia
Seward, NE 68434
402-643-2971 Email: mhcscarseats@alltel.net

Scott Eveland
Chapter Liaison
SAFE KIDS of the Sandhills
NE Game and Parks
1475 Hwy 61 N
Ogallala, NE 69153
308-289-0017 Email: seveland@ngpc.state.ne.us

References

[1]National SAFE KIDS Campaign (NSKC). Falls Fact Sheet. Washington (DC): NSKC, 2003.

[2]National SAFE KIDS Campaign (NSKC). Childhood Injury Fact Sheet. Washington (DC): NSKC, 2003.

[3]American Academy of Pediatrics. AAP Fact Sheet. Baby Walkers are Dangerous! http://www.aap.org/family/babywalkers.htm. 2/5/2004.

[4]The National Program for Playground Safety. Brochure. Falls to surface should be cushioned. 2003.

[5]National SAFE KIDS Campaign (NSKC). Bicycle Injury Fact Sheet. Washington (DC): NSKC, 2004.

[6]U.S. Consumer Product Safety Commission. Home Playground Equipment-Related Deaths and Injuries. Washington, D.C. July 2001.

[7]U.S. Consumer Product Safety Commission. Handbook for Playground Safety. Washington, D.C. Pub. No. 325.

[8]National SAFE KIDS Campaign (NSKC). Sports Injury Fact Sheet. Washington (DC): NSKC, 2004.

Appendix A
Definition of Inpatient, Outpatient ER, and Outpatient Non-ER patient

Inpatient

An inpatient is a person who has been admitted to a hospital for bed occupancy for purposes of receiving inpatient hospital services. A person is considered an inpatient if he was formally admitted as an inpatient with the expectation that he would remain at least overnight and occupy a bed, even though it later develops that he can be discharged or that he is transferred to another hospital and does not actually use a hospital bed overnight. [Medicare Intermediary Manual §3101.]

Outpatient

A "hospital outpatient" is a person who has not been admitted by the hospital as an inpatient but is registered on the hospital records as an outpatient and receives services (rather than supplies alone) from the hospital. The inpatient of a skilled nursing facility may be considered the outpatient of a participating hospital. However, the inpatient of a participating hospital cannot be considered an outpatient of that or any other hospital. [Medicare Intermediary Manual §3112.1.]

Outpatient ER record: an outpatient record with an Emergency Department visit Revenue Code (0450-0459) present in locator 42 (Revenue Code) of the UB-92 form, or Loop 2400 SV201 234 of the ANSI 837i transaction, or other electronic equivalent.

Outpatient Non-ER record: If a 0450-0459 Revenue Code is not present on the outpatient record, the record is defined as an outpatient non-ER record.

Hospital Discharge: Patients dismissed from the inpatient or emergency department of a hospital.